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UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND																																																									
1 Date of Request <u>10/22/44</u>		2 Serial/Patent # <u>10/530447</u>																																																							
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td></td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td></td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td></td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td></td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td></td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td></td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td></td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td></td></tr> <tr><td></td><td>Other</td><td></td><td></td><td></td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment					Extension of Time					Notice of Appeal/Appeal					Petition					Issue					Cert of Correction/Terminal Disc.					Maintenance					Assignment					Other				<table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 15%;"></td> <td style="width: 40%;">7 TOTAL AMOUNT OF REFUND</td> <td style="width: 45%;">\$ 200</td> </tr> </table>					7 TOTAL AMOUNT OF REFUND	\$ 200
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Treasury Check</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Credit Deposit A/C #:</td> <td></td> </tr> <tr> <td style="text-align: center;">9</td> <td></td> <td></td> </tr> </table>			<input checked="" type="checkbox"/>	Treasury Check		<input type="checkbox"/>	Credit Deposit A/C #:		9																																								
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9																																																									
11 REFUND REQUESTED BY: <u>P.K.</u>																																																									
TYPED/PRINTED NAME: <u>P. Kidwell</u>		TITLE: <u>Paralegal</u>																																																							
SIGNATURE: <u>P. Kidwell</u>		PHONE: <u>308-9140 Ext 214</u>																																																							
OFFICE: <u>PCT</u>																																																									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																									
APPROVED: _____		DATE: _____																																																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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 Refund Branch
 Crystal Park One, Room 802B**